

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

5992

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John E. Bean

4. Sex

M.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 14, 1914

8. AGE:

Years

Months

Days

If less than one day

3435318

hrs.

min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation

Laborer.

11. Industry or business

FATHER
MOTHER

12. Name

John R Bean

13. Birthplace

Md

14. Maiden name

Amelia Wyett.

15. Birthplace

Md

16. Informant

William H Bean

Address

Howell, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

6-3-48
(month) (day) (year)

Cemetery or crematory

S. T. Johns.

Location

Calvert

19. Funeral director

R. E. Sewell

Address

Prince Frederick.

19.

(Date rec'd by registrar)

6-31948N. W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Howell.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

811-09-7549

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-1, 1948, at 5 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mary 31, 1948, to June 1, 1948and that I last saw him alive on June 1, 1948

Immediate cause of death

Second & third degree burns of both arms, both legs, back and

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 5/29/48

Where did injury occur?

Howell, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Home caught fire

Injured at work?

23. SIGNATURE

John E. Bean

M. D. or other

Address

Date signed 6/5/48

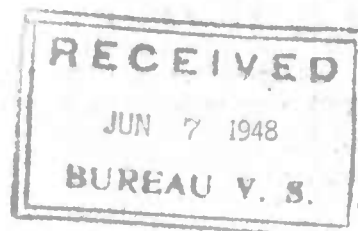
MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and legible. is especially important. Physicians: please write the causes of death clearly and legibly.

ne
h1 bl
st bl



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

5993

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Dares, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Calvert

City or town Dares
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Edith Viola Berry

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Zellers Berry

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

Jan. 9, 1893

8. AGE:

Years

Months

Days

If less than one day

55

5

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

domestic

11. Industry or business

MOTHER FATHER

12. Name

William Freeland

13. Birthplace

Md.

14. Maiden name

Alice Reid

15. Birthplace

Md.

16. Informant

Zellers Berry

Address

Dares, Md.

17.

Buried
(Burial, cremation, or removal, Which?)

Date thereof

6-7-48
(month) (day) (year)

Cemetery or crematory

Plum Point

Location

Calvert

18. Funeral director

P. C. Sewell

Address

Prince Frederick Md.

19.

6-7
(Date rec'd by registrar)

19 48

St. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1948 at 11:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948

and that I last saw him alive on June 3, 1948

Immediate cause of death

Ca of Stomach

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. H. Villanueva

M. D. or other

Address St. Remont Md. Date signed June 5, 1948

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 10 1948

BUREAU V. S.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5994

FILE NO. G 116 JUL 16 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: Calvert
County.....
City or town..... Willow
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Calvert
City or town..... Willow
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME
George W. Brown.

3. (b) Social Security Number

4. Sex m 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife Mary E. Brown.

7. Birth date of deceased (mo. day, yr.) Nov 22, 1842 1896 6. (c) If alive, give age 50 years

8. AGE: Years Months Days If less than one day
50 hrs. min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

MOTHER FATHER 12. Name Louis Brown.

13. Birthplace md.

14. Maiden name Louise Hall.

15. Birthplace md.

16. Informant Mary E. Brown.

Address Willow.

17. Burial Date thereof 6-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Partiscent.

Location Calvert.

18. Funeral director P. E. Sewell.

Address Prince Frederick's Md.

Hugh Ward

19. (Date rec'd by registrar) 19. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-48 at 4:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on 19. 19.

Immediate cause of death Coronary Embolism

Due to Fell of truck 6/18/48

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? Calvert, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE H. W. Ward

Address Prince Frederick's Md.

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

5995

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert County
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 MONTHS
 Hospital, institution, or street address where death occurred:
Calvert County Hospital
 How long in hospital or institution? 7 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Calvert
 City or town Paris
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

FRANK W. PATTERTON

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) FEB. 22, 1981 6.(c) If alive, give age _____ years

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Calvert County
 (Town, county, and state)

10. Usual occupation RETIRED SALESMAN

11. Industry or business PRODUCE

MOTHER FATHER
 12. Name FRANK PATTERTON
 13. Birthplace Calvert County
 14. Maiden name LIZZA BRT
 15. Birthplace Calvert Co.

16. Informant SISTER CORA E. MARCELLUS
 Address Paris, Md.

17. Burial Date thereof 6 13 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Mt. Harmony Cem.
 Location Mt. Harmony

18. Funeral director W. H. Nutschke
 Address Awingo, Md.

19. June 12, 48 Date rec'd by registrar 19 48 Grace L. Nutschke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 19 48 at 5¹⁵ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 19 48 to 6/10 19 48
 and that I last saw him alive on 6/10 19 48

Immediate cause of death Cerebral accident

DURATION

Due to Hypertension

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Alfred J. Nutschke M. D. or other _____
 Address Huntingtown Md Date signed 6/11/48

RECEIVED

JUN 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

5996

CERTIFICATE OF DEATH

Reg. Diat. No. 51

1. PLACE OF DEATH:

County..... Calvert Hospital
 City or town..... Prince Frederick,
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Marion Curtis.

3. (b) Social Security Number

4. Sex

m.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

P 1879

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

69

hrs.

min.

9. Birthplace

md Charles, Co.
(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

MOTHER FATHER

12. Name

William Curtis.

13. Birthplace

md.

14. Maiden name

Susan Butler

15. Birthplace

md.

16. Informant

Address

Joshua Gray
Adelina md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

6-16-48
(month) (day) (year)

Cemetery or crematory

Carrolls.

Location

Calvert-

18. Funeral director

Address

T. E. Sewell
Prince Frederick, md.

19.

6-16-48
(Date rec'd by registrar)H. H. Hara
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Adelina

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-13-48 at 2, AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 41948to 19

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

M. D. or other

Date signed 6/1/48

RECEIVED

JUN 17 1948

BUREAU V. S.

Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5997

FILM No. G 116 JUN 18 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town St Leonards
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town St Leonards
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Jennie R. Howe.

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of
deceased (mo., day, yr.)

6-26-1879

8. AGE:

Years

Months

Days

If less than one day

6/9/68

11

11

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER
MOTHER

12. Name

Thomas Harold

13. Birthplace

md

14. Maiden name

Hattie Benson

15. Birthplace

md

16. Informant

Myrtle Taylor

Address

St Leonards

17.

Burial

Date thereof

6-10-48

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory

Brooks Chapel

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick md

19.

6-9

18

H. H. Hard

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-1948 at 8³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____ to 19____

and that I last saw him alive on 19____

Immediate cause of death

Acute coronary thrombosis

DURATION

Due to

Hypertension CVD

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. E. Sewell
Address St Leonard Date signed June 8, 48

M. D. or other

Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John A. Johnson

4. Sex

m.

5. Color or race

c

6. (a) Single, married, widowed, or divorced

x

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

1-24-1980

8. AGE:

Years

Months

Days

If less than one day

68

..... hrs. min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

FATHER

12. Name

Elijah Johnson.

13. Birthplace

md.

MOTHER

14. Maiden name

Minnie Key.

15. Birthplace

md

16. Informant

Amos B Johnson.

Address

Lusby, md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof 6-10-48
(month) (day) (year)

Cemetery or crematory

St. Johns

Location

Calvert.

18. Funeral director

P. E. Sewell

Address

Prince Frederick,

19.

6-9
(Date rec'd by registrar)19. 48H. H. Hard
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Lusby
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-48 at 10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19....., 10....., 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Myocardial Infarction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed 6/14/48

RECEIVED

JUN 12 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Besse Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Norman George Pfannenstiel Jr.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Jan 18, 1929

8. AGE:

1950hrs.min.

9. Birthplace

Baltimore, Md
(Town, county, and state)

10. Usual occupation

Plumber & helper

11. Industry or business

FATHER
MOTHER

12. Name

Norman G. Pfannenstiel Sr.

13. Birthplace

Baltimore, Md

14. Maiden name

Anna M. Kirk

15. Birthplace

Baltimore, Md

16. Informant

Mrs Anna M. Kirk

Address

2009 Penrose Ave., Balto., Md

17.

(Burial, cremation, or removal, Which?)

Burial

Date thereof

June 23, 1948
(month) (day) (year)

Cemetery or crematory

Western Ceme.

Location

Baltimore, Md

18. Funeral director

O. O. Jackson & Son

Address

Mt. Airy, Md

19.

(Date rec'd by registrar)

6-18-48H. H. Hare

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

City or town

Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.

2009 Penrose Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

?

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 18, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18, 1948

and that I last saw him

alive on

June 18, 1948

Immediate cause of death

fractured skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

6-18-48

Where did injury occur?

State Road - Rt. 7, Fred, Calvert, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

State Road

Means of injury

Auto accident

Injured at work?

23. SIGNATURE

H. H. Hare

M. D. or other

Address

Livington, Va.

RECEIVED

JUN 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age shown on:

FILM No. G 116 JUN 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6000

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Calvert County Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert A.A.
City or town Friendship
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Wm Welch

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Nolan Welch
6. (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 26, 1927

8. AGE: Years Months Days If less than one day
70 4 1 hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Mund Plummer

13. Birthplace Ind.

14. Maiden name Sallie Cracklin

15. Birthplace Ind.

16. Informant Mrs William Welch

Address Friendship, Md.

17. Burial Date hereof 6 5 48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship Cem.

Location Friendship, Md.

18. Funeral director W. H. Hutchins

Address Owings, Md.

19. June 3 19 48 Grace L. Hutchins
Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3 19 48 at 8:27 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 May 19 47 to 6/3 19 48
and that I last saw him alive on 6/2 19 48

Immediate cause of death

Solar pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

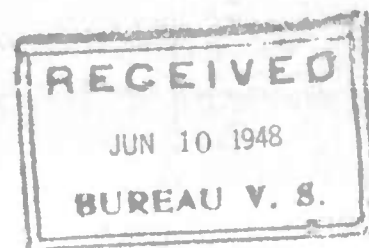
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. H. Hutchins M. D. or other

Address Friendship, Md. Date signed 6/3/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Owens, Cabaret Co.

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County DC

City or town Washington (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Zepp, Millard F III

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8-1930

8. AGE:

Years

Months

Days

If less than one day

17

10

·

hrs.

min.

9. Birthplace

Washington D.C.
(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

FATHER

12. Name

Zepp, Millard F Jr.

13. Birthplace

Washington DC

MOTHER

14. Maiden name

Luby, Roth

15. Birthplace

Cherrydale, Va.

16. Informant

Theresa F. Horning

Address

439 Oneida Pl NW

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 29, 1948
(month) (day) (year)

Cemetery or crematory

Fort Lincoln

Location

Washington DC

18. Funeral director

Hunterman, Leland Home

Address

5732 Georgia Ave. Wash. D.C.

19. June 26, 1948

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 26, 1948, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

fractured skull

Due to

2 hrs certificate delay
due to information

Due to

hand to get
from

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Auto accident

23. SIGNATURE

H. J. ...

M. D. or other

Address

Giving up

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1930-8

17-10

7 18
1948-8

